

Rogers Activity Center

2015 Summer Day Camp Registration

Please Print

Name Of Party Responsible for account: _____

Participant's Name _____ Date of Birth _____

Age _____ Grade in Fall _____ Sex M F

Address _____ City & State _____

ZIP _____ School _____ County of Residence _____

T-shirt size: YS YM YL AS AM AL (We preorder shirts and will do our best to provide the right size.)

Mother's Name _____ Home # _____ Cell # _____

Employment _____ Hours _____ Work# _____

Email _____

Father's Name _____ Home # _____ Cell # _____

Employment _____ Hours _____ Work# _____

Email _____

Please circle the sessions your child will be attending:

June 1 - 5	June 8 - 12	June 15 - 19	June 22 - 26	June 29 – July 3
July 6 - 10	July 13 - 17	July 20 - 24	July 27 - 31	August 3 - 7
August 10 - 14				

Emergency Contacts:

(Emergency contact should be someone other than a parent/guardian in the event that we are unable to contact you.)

Contact 1 _____ Relationship _____ Phone # _____

Contact 2 _____ Relationship _____ Phone # _____

Persons authorized to pick up child (other than parent) – Staff will not release child to any person not on the list. To ensure the safety of your child, changes must be made in person. Phone notification will not be accepted. We will ask for ID.

MEDICAL INFORMATION

We need to be aware of any special needs concerning your child's health and/or abilities to participate in the various activities of our program. Please be as thorough as possible so we can take care of your child to the best of our ability. **Please fill in all of the blanks.**

Doctor's Name: _____ Phone Number: _____

Permission to use doctor on duty? YES NO

Immunizations: I have provided a copy of my child's Immunization Record: Yes _____ No _____ Initial: _____

Illness/Condition History:

Sun Sensitivity Yes____ No____ Seizures Yes____ No____ Diabetes Yes____ No____

ADD Yes____ No____ ADHD Yes____ No____ Food Allergies Yes____ No____

Medication Allergies Yes____ No____ Other: _____

If answered yes,
explain: _____

1. List any current medications being taken _____

3. Please list participant's level of ability if any limiting physical/mental conditions exist (i.e. spina bifida, cerebral palsy, behavior disorders, etc.) _____

4. Does the participant have any speech, hearing, or vision limitations? YES NO
If yes, please list and describe _____

5. Please describe participant's special needs or medical problems in detail and note any limitations or special care that needs to be given _____

I hereby give ____/do not give ____ the Director of the Rogers Activity Center or his/her appointed representative permission to give _____ Acetaminophen. I understand I will be notified that the medication has been administered.
(Child's Name)

I, _____, mother, father, guardian (**circle one**)
of _____, do hereby give consent to the Director of the Rogers
(Child's Name)

Activity center, or his/her duly representative for said child to receive medical or surgical aid as may be deemed necessary and expedient by a duly licensed or recognized physician or surgeon in case of an emergency when the parents cannot be reached. Consent is also given for the Director or his/her duly appointed representative to transport said child for emergency medical treatment, if the parents cannot be reached.

Signature: _____ Date: _____

SUNSCREEN PERMISSION, SWIMMING ABILITY & PHOTO RELEASE

(Don't forget your sunscreen donation!)

Permission for staff to apply sunscreen when needed? YES NO

Circle the frequency your child will need sunscreen: 1x per hour 1 ½ hours 2 ½ hours

Circle one:

Cannot Swim Pre-beginner (needs help) Fair/Beginner Good/Intermediate Excellent

Other swimming comments/concerns _____

During day camp, children may have the opportunity to be in photographs promoting the program. Do we have permission to photograph your child?

YES NO

☐ **I acknowledge receipt of a Parent Handbook. I understand that it is my responsibility to read the Parent Handbook, and by signing this form, agree to abide by all of the policies and procedures of the Rogers Activity Center Summer Day Camp program.**

Initial: _____

☐ **I had read and understand the following policies:**

- _____ **Cancellation Policy**
- _____ **Late Fee Policy**
- _____ **Payment Policy**
- _____ **Discipline Policy**
- _____ **Pick up and Drop off Policy**

Parent's Initials: _____

I agree to abide by the Rogers Activity Center Code of Conduct. As a parent/guardian of the Summer Day Camp participant, I agree to adhere to the outlined policies and procedures set forth by the Rogers Activity Center Staff. I am aware of the field trips of the program and I hereby authorize and give the Rogers Activity Center Staff permission to transport my child by Rogers school buses to and from field trips.

In consideration of acceptance of this entry, I waive any and all claims for damages which I might have against the Rogers Activity Center or its representatives as a result of any and all damages during any child care activity

Parent's
Signature _____ Date _____

The following information is requested to enhance our ability to secure funding that will allow our programs to stay affordable and accessible to all. Please take a few minutes to complete this information.

Child's Age: _____ M ____ F ____

Single Parent Household: YES NO Child Lives with _____

Annual Household Income:

____ Less than \$19,999 ____ \$20,000 to \$39,999 ____ \$40,000 to \$59,999
____ \$60,000 to \$79,999 ____ \$80,000 to \$99,999 ____ \$100,000 to \$129,999
____ \$130,000 to \$149,999 ____ \$150,000 +

Ethnicity:

____ Caucasian/White ____ Latino
____ African American ____ Multi Racial
____ Asian/Pacific Islander ____ Arab American
____ Native American ____ Other

If this program was not available, what would your child do over the summer?

____ Stay home alone
____ Stay home with a babysitter or other family member
____ Attend a different program
____ Other _____

Has any other immediate family member ever participated in any Rogers Activity Center childcare opportunity?

____ Yes
____ No

Please take a moment to share the experience: _____

City of Residence:

____ Bentonville ____ Elkins
____ Bella Vista ____ Farmington
____ Decatur ____ Fayetteville
____ Gentry ____ Lincoln
____ Gravette ____ Prairie Grove
____ Lowell ____ Springdale
____ Pea Ridge ____ Tontitown
____ Rogers ____ West Fork
____ Siloam Springs ____ Other _____